



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 1:40 pm, Jul 09, 2015

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|--|---|----------------------------------|
| INTOX DMT SN 500231 | NAME OF AGENCY Jackson Police Department | DATE OF INSPECTION 06/27/2015 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 525 S. Hope, Jackson, MO | | TIME OF INSPECTION 22:08:29 |

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

| | |
|--|---|
| DATE AND TIME <u>06/27/2015 22:08:31</u> | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTER 1 |
| <input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.8°C</u> | <input checked="" type="checkbox"/> FILTER 2 |
| <input checked="" type="checkbox"/> BREATH TUBE <u>41.2°C</u> | <input checked="" type="checkbox"/> FILTER 3 |
| <input checked="" type="checkbox"/> PUMP | <input checked="" type="checkbox"/> INTERNAL STANDARD |

BREATH ANALYZER ACCURACY STANDARDS

| | |
|---|--|
| <input type="checkbox"/> SIMULATOR STANDARD | <input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE |
| <input checked="" type="checkbox"/> STANDARD SUPPLIER <u>INTOXIMETERS</u> | LOT # <u>AG429701</u> EXP. DATE <u>10/24/2016</u> |
| <input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) | SIMULATOR SN _____ SIMULATOR EXP DATE _____ |

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

| |
|--|
| <input type="checkbox"/> 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <input checked="" type="checkbox"/> 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE |
| <input type="checkbox"/> 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE |

| | | |
|---------------|---------------|---------------|
| TEST 1: 0.077 | TEST 2: 0.077 | TEST 3: 0.077 |
|---------------|---------------|---------------|

☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

| | | | | | |
|-------------|----------|------------|-----------|------------|-------------|
| REFUSALS: 0 | 0-.04: 1 | .05-.09: 0 | 10-.14: 0 | .15-.19: 0 | OVER .19: 0 |
|-------------|----------|------------|-----------|------------|-------------|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

INSPECTING OFFICER

| | | |
|---------------------------------|--------------------------------------|----------------------------------|
| SIGNATURE | PRINT FULL NAME JONATHAN M JENSEN | |
| TYPE II PERMIT NUMBER 250110 | EXPIRATION DATE 05/14/2017 | TELEPHONE NUMBER 573-243-3151 |

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services
Southeast District Office
2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63105
Ph: (314) 533-3100
Fax: (314) 533-7322

Certificate of Analysis

Customer Name
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo. 63146

Test Date: 27-Oct-2014

Lot # AG429701

Exp. Date
24-Oct-2016

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
 0.080 ± 0.002 BrAC (200 ppm)
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

| <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|
| EB0010581 | 391.8 ppm |
| EB0010570 | 269.8 ppm |
| EB0010285 | 209.0 ppm |
| EB0010561 | 103.7 ppm |
| EB0010681 | 52.22 ppm |

| <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|
| EB0010603 | 392.5 ppm |
| EB0010559 | 258.9 ppm |
| EB0010595 | 209.9 ppm |
| EB0010562 | 104.9 ppm |
| EB0010579 | 52.94 ppm |

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2014.10.27 10:15:24 -05:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (LAB)

Analyst:

Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II

JONATHAN JENSEN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):


INTOX DMT

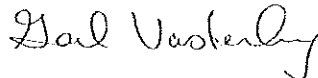
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 5/14/2015

NUMBER 250110


EXPIRES 5/14/2017


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-1 (R6-10)

 **STATE OF MISSOURI**
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator JENSEN, JONATHAN
Permit No 250110
Date Issued 5/14/2015 Date Expires 5/14/2017